

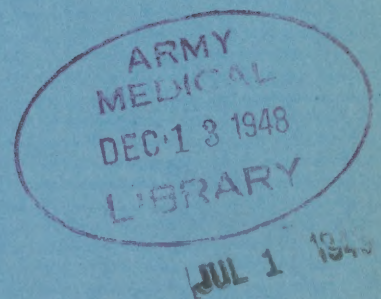
Doc
UH
223
9A153

RESTRICTED

INDEXED



MONTHLY HEALTH REPORT



JULY 1948
VOL 1 NO 2

MILITARY DISTRICT OF WASHINGTON

RESTRICTED

MONTHLY HEALTH REPORT

THIS DOCUMENT CONTAINS INFORMATION
AFFECTING THE NATIONAL DEFENSE OF
THE UNITED STATES WITHIN THE MEAN-
ING OF THE ESPIONAGE ACT, 50 U.S.C., 31
AND 32 AS AMENDED. ITS TRANSMISSION
OR THE REVELATION OF ITS CONTENTS
IN ANY MANNER TO AN UNAUTHORIZED
PERSON IS PROHIBITED BY LAW.

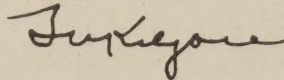
HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
The Pentagon, Washington 25, D. C.

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.



FLOYD V. KILGORE
Colonel, MC
Surgeon

RESTRICTED

CONTENTS

	Page
PREVENTIVE MEDICINE	
General Comment.....	1
Communicable Diseases.....	1
Table - General Data.....	2
Table - Specified Disease Rates.....	2
Venereal Diseases.....	3
Table - Venereal Disease Rates.....	3
Chart - Admission Rates - Common Respiratory Diseases - Injuries.....	4
Chart - Venereal Disease Admission Rates by Month.....	4
Table - Consolidated Venereal Disease Statistical Report.....	5
Table - Venereal Disease Rates, U.S.....	6
Chart - Venereal Disease Total Rates.....	6
Chart - Venereal Disease White Rates.....	7
Chart - Venereal Disease Negro Rates.....	7
Dishwashing and Sterilization.....	8
PROFESSIONAL SERVICES	
General Practice of Medicine.....	9
Hospitalization, Retired Personnel.....	11
Consultation Services.....	11
VETERINARY DIVISION	
Rabies Vaccine.....	12
Table - Veterinary Inspections.....	12
OUTPATIENT SERVICES.....	13
DENTAL SERVICE - Table.....	13
HOSPITAL MESS OPERATIONS - Table.....	13
ADMINISTRATION DIVISION	
List of Publications.....	14
Sick Leave, Civilian Personnel.....	15
Economy of Use of Nonstandard Drugs and Supplies.....	15

PREVENTIVE MEDICINE

RESTRICTED

GENERAL COMMENT

Although the general health of the command was satisfactory, nevertheless an increase in the incidence of respiratory disease as well as venereal disease, detracted from the composite report.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations, exclusive of Walter Reed General Hospital. Rates are calculated on a basis of a thousand mean strength per year.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type of Department installation, differential health statistics for Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

Admissions for all causes decreased for the four week period ending 25 June 1948 to a rate of 351.5 per 1000 per year, as compared with a rate of 371.6 for May. The June rate is the lowest experienced during the current calendar year. The General Dispensary reported the lowest rate for all causes for June with 171.8 per thousand per year, and Fort Myer (North Post) the highest, 970.6.

The incidence of injuries increased to the highest level experienced in 1948, with 57 cases reported for a rate of 42.2. There were 50 cases in May, with a rate of 38.0. Stations showing increased rates for this cause in June were Fort Belvoir, Fort McNair, Fort Myer (South Post) and Vint Hill Farms.

Psychiatric disease rates, after declining to 4 cases and to the lowest level of the year in May, increased to the highest level when in June, 21 reported cases produced an incidence of 15.5.

The non-effective rate continued to decrease, as would be expected following a decline in the admission rate for all causes. The rate of 13.00 in June was an improvement over the 13.42 effected during the medical report period in May.

There were no deaths at the reporting installations during the four week period ending 25 June 1948.

COMMUNICABLE DISEASE

Pneumonia, all types, decreased in incidence during the month of June, 5 cases being reported, as against 10 for the preceding month.

The total number of cases for influenza declined from 15 in May to 11 in June for a rate of 11.4 and 8.1 respectively.

The incidence of common respiratory disease increased during the month of June, 91 cases being reported as compared with 63 for the previous period. Arlington Hall and Fort McNair were the only stations that reported a decrease in the number of cases for the current period.

Sporadic cases of poliomyelitis have been reported by state health departments in this area. However, no case has been reported as occurring among military personnel within the District.

One case of rheumatic fever occurred at Fort Belvoir. One case of hepatitis was reported at Fort Myer (North Post).

Admissions for diarrheal diseases reached an all time low for 1948 with no cases reported during this month.

Other communicable diseases, including measles, scarlet fever, pneumonia atypical, and tuberculosis were not remarkable in change.

* * * * *

Pertinent statistical tables may be found on pages 2 and 4.

RESTRICTED

RESTRICTED**PREVENTIVE MEDICINE****GENERAL DATA**

4 Week Period Ending 25 June 1948

(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD'S	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rate	Cases	Rate	Cases	Rate			
Arlington Hall	686	686	-	20	379.0	18	341.1	2	37.9	2.66	-	-
Fort Belvoir	6,522	5,397	1,125	168	334.3	144	286.6	24	47.7	22.67	5	-
Fort McNair	970	865	105	35	469.0	28	375.2	7	93.8	3.72	-	-
Fort Myer (North Post)	1,540	1,347	193	115	970.6	104	877.8	11	92.8	43.14	-	-
Fort Myer (South Post)	1,724	1,724	-	33	248.8	32	241.3	1	7.5	0.48	-	-
General Dispensary, USA	5,223	5,194	29	69	171.8	62	154.4	7	17.4	1.29	-	-
Vint Hill Farms	888	888	-	35	512.4	30	439.2	5	73.2	2.94	-	-
Total Mil Dist of Wash	17,553	16,101	1,452	475	351.5	418	309.3	57	42.2	13.00	5	-
Army Medical Center	2,907	2,576	331	167	746.5	166	742.0	1	4.5	533.61	102	4
Total Dept/Army Units	20,460	18,677	1,783	642	410.9	584	373.8	58	37.1	86.97	107	4
CLASS III UNITS												
Andrews Field	3,715	3,588	127	67	234.5	62	217.0	5	17.5	4.85	-	-
Bolling Field	4,714	4,713	1	88	242.9	71	196.0	17	46.9	9.52	-	-
Wash Nat'l Airport	1,567	1,567	-	26	215.8	23	190.9	3	24.9	0.64	-	1
Total Dept/Air Force Units	9,996	9,868	128	181	235.3	156	202.8	25	32.5	6.39		1
Consolidated Total	30,456	28,545	1,911	823	353.9	740	318.2	83	35.7	60.53	107	5

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR

For 4 Week Period Ending 25 June 1948

(Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Arlington Hall	37.9	-	-	-	-	-	-	-	-	-	-	-	-
Fort Belvoir	17.9	4.0	4.0	6.0	2.0	2.0	-	-	2.0	-	-	-	39.8
Fort McNair	40.2	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer (North Post)	151.9	8.4	8.4	50.6	-	16.9	-	-	-	-	8.4	-	-
Fort Myer (South Post)	90.5	-	-	-	-	-	-	-	-	-	-	7.4	-
General Dispensary, USA	59.8	5.0	2.5	2.5	-	-	-	-	-	-	-	-	2.5
Vint Hill Farms	336.7	-	-	14.6	-	14.6	-	-	-	-	-	-	-
Total Mil Dist of Wash	67.3	3.7	3.0	8.1	0.7	3.0	-	-	0.7	-	0.7	0.7	15.5
Army Medical Center	24.4	4.5	-	-	-	4.5	-	13.4	-	-	8.9	-	-
Total Dept/Army Units	61.4	3.8	2.6	7.0	0.6	3.2	-	1.9	0.6	-	1.9	0.6	13.4
CLASS III UNITS													
Andrews Field	17.5	-	-	-	-	-	-	-	-	-	-	-	-
Bolling Field	13.8	-	-	-	2.8	5.5	-	-	-	-	5.5	2.8	19.3
Wash Nat'l Airport	-	8.3	8.3	8.3	-	16.6	-	-	-	-	-	-	-
Total Dept/Air Force Units	13.0	1.3	1.3	1.3	1.3	5.2	-	-	-	-	2.6	1.3	9.1
Consolidated Total	45.6	3.0	2.2	5.2	0.9	3.9	-	1.3	0.4	-	2.2	0.9	12.0

RESTRICTED

VENEREAL DISEASE

There was a continued increase in the venereal disease rate for chargeable cases in June, for all stations in the Military District of Washington, including the Army Medical Center, but exclusive of Class III installations. The rate of 18.43, although the lowest of all Army Areas in the United States, nevertheless represents the highest level for the District since the beginning of the calendar year. It does not compare favorably with the incidence of 15.57 in May or with that of 14.38 for April. Chargeable cases for white troops decreased slightly in June to 17 from the 18 reported in May, but the total number increased from 24 for the preceding period to 29 for the current month. Negro troops with 12 cases in June, doubled the total of 6 cases of May.

Of the total 29 cases occurring in the area, 21 were reported from Fort Belvoir resulting in that station having the highest venereal disease rate of any installation in MDW. Arlington Hall and Fort Myer (South Post) also reported increased venereal disease incidence. The number of cases reported by the General Dispensary in June, as in May, remained zero.

AIR FORCE VENEREAL DISEASE

The three Class III units in the Military District of Washington had a venereal disease rate of 13.00 for the current period as compared with 11.70 for the previous month. The white troop rate for June was 11.84 and the Negro troop rate was 101.56 with the former group reporting 9 of the total of 10 cases.

Pertinent statistical tables and charts may be found on pages 4, 5, 6, and 7.

The term "chargeable cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

NEW VENEREAL DISEASE CASES - EXCL EPTS - JUNE AND MAY *

STATION	Rate Per 1000 Per Year	
	June 48	May 48
Arlington Hall	37.90	-
Fort Belvoir	41.86	36.00
Fort McNair	13.40	13.33
Fort Myer (North Post)	-	8.62
Fort Myer (South Post)	15.08	7.61
General Dispensary, USA	-	-
Vint Hill Farms	-	12.38
Total Military District of Washington	19.26	15.96
Army Medical Center	13.41	13.29
Total Department of Army Units	18.43	15.57
Class III Units		
Andrews Field	10.50	20.70
Bolling Field	11.03	8.25
Washington Nat'l Airport	24.89	-
Total Class II Units	13.00	11.70
CONSOLIDATED TOTAL	16.65	14.19

* Includes all cases reported on Statistical Health Reports WD AGO Form 8-122.

PREVENTIVE MEDICINE

RESTRICTED

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURIES
MDW RATES PER 1000 TROOPS PER YEAR

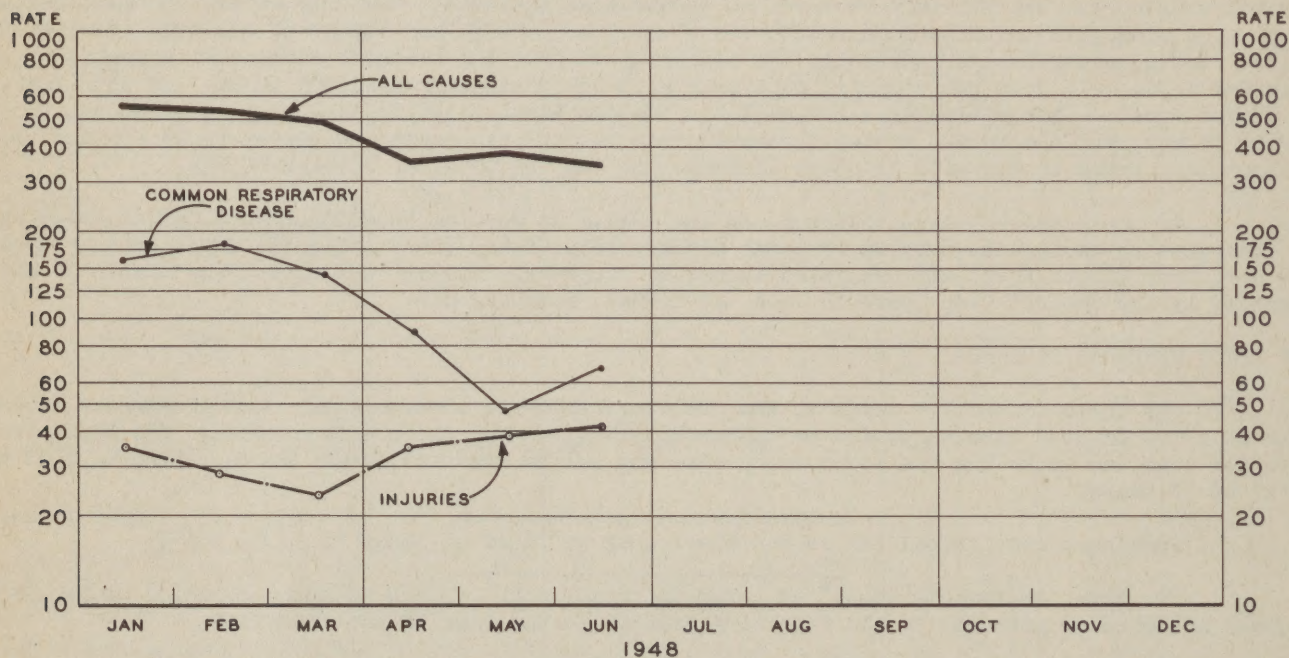
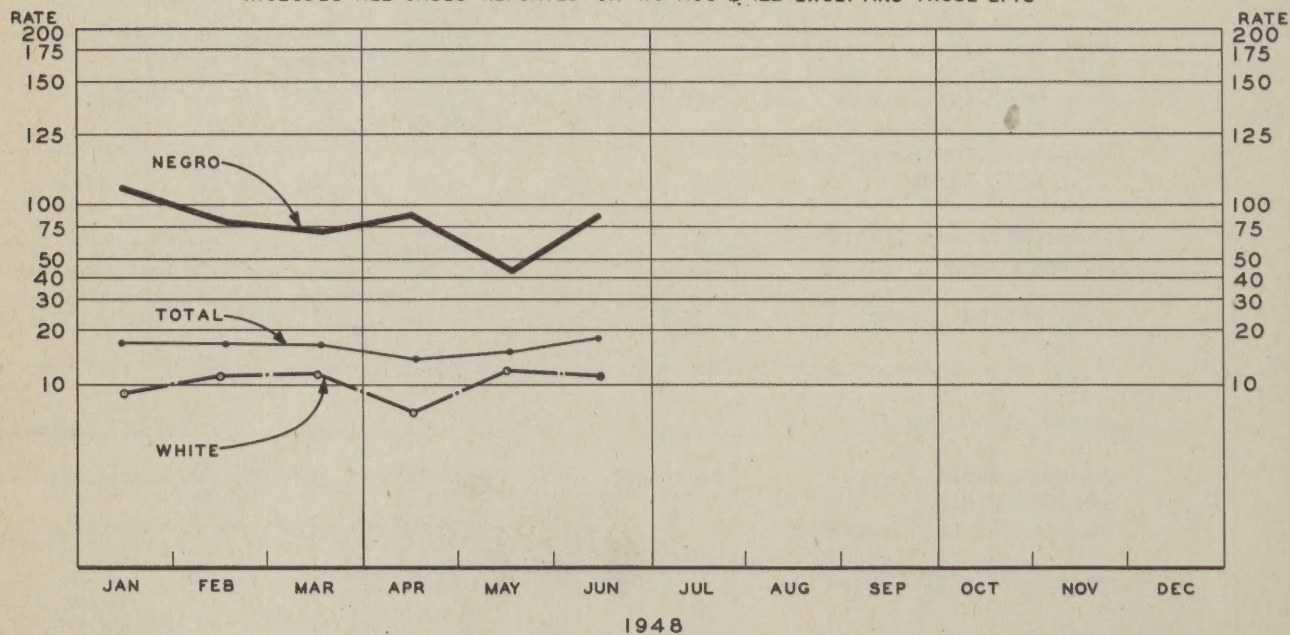


CHART 2

ADMISSION RATES BY MONTH, VENEREAL DISEASES, MIL. DIST. OF WASH 1948
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



RESTRICTED

PREVENTIVE MEDICINE

RESTRICTED

CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 25 June 1948 (Data from WD AGO 8-112) (Chargeable Cases)

Station	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate Per 1000 Troops Per Annum	Total Days Lost From Duty (Old and New Cases)
			Syphillis	Gonorrhea	Other	Total		
Arlington Hall	W	686	-	2	-	2	37.90	-
	N	-	-	-	-	-	-	-
	T	686	-	2	-	2	37.90	-
Fort Belvoir	W	5,397	1	9	-	10	24.09	6
	N	1,125	1	10	-	11	127.11	42
	T	6,522	2	19	-	21	41.86	48
Fort McNair	W	865	-	1	-	1	15.03	-
	N	105	-	-	-	-	-	-
	T	970	-	1	-	1	13.40	-
Fort Myer (North Post)	W	1,347	-	-	-	-	-	-
	N	193	-	-	-	-	-	-
	T	1,540	-	-	-	-	-	-
Fort Myer (South Post)	W	1,724	-	2	-	2	15.08	-
	N	-	-	-	-	-	-	-
	T	1,724	-	2	-	2	15.08	-
General Dispensary, USA	W	5,194	-	-	-	-	-	-
	N	29	-	-	-	-	-	-
	T	5,223	-	-	-	-	-	-
Vint Hill Farms	W	888	-	-	-	-	-	-
	N	-	-	-	-	-	-	-
	T	888	-	-	-	-	-	-
Total Mil. Dist. of Wash	W	16,101	1	14	-	15	12.11	6
	N	1,452	1	10	-	11	98.48	42
	T	17,553	2	24	-	26	19.26	48
Army Medical Center	W	2,576	1	1	-	2	10.09	784
	N	331	-	-	1	1	39.27	521
	T	2,907	1	1	1	3	13.41	1,305
Total Dept/Army Units	W	18,677	2	15	-	17	11.83	790
	N	1,783	1	10	1	12	87.49	563
	T	20,460	3	25	1	29	18.43	1,353
CLASS III UNITS Andrews Field	W	3,588	-	2	-	2	7.25	-
	N	127	-	1	-	1	102.36	-
	T	3,715	-	3	-	3	10.50	-
Bolling Field	W	4,713	1	3	-	4	11.03	1
	N	1	-	-	-	-	-	-
	T	4,714	1	3	-	4	11.03	1
Wash Nat'l Airport	W	1,567	-	3	-	3	24.89	-
	N	-	-	-	-	-	-	-
	T	1,567	-	3	-	3	24.89	-
Total Dept/Air Force Units	W	9,868	1	8	-	9	11.86	1
	N	128	-	1	-	1	101.56	-
	T	9,996	1	9	-	10	13.00	1
Consolidated Total	W	28,545	3	23	-	26	11.84	791
	N	1,911	1	11	1	13	88.44	563
	T	30,456	4	34	1	39	16.65	1,354

RESTRICTED

VENEREAL DISEASE RATES FOR THE US *

(All Army Troops)

	May	June
First Army Area	30	30
Second Army Area	33	36
Mil Dist of Washington	14	17
Third Army Area	38	35
Fourth Army Area	32	27
Fifth Army Area	16	21
Sixth Army Area	39	38

Total United States	31	31
---------------------	----	----

* Compiled in the Office of the Surgeon General and include General Hospital and Class III installations.

CHART 3

VENEREAL DISEASE RATES PER 1000 PER YEAR-4 WEEK AND 1948 CUMULATIVE TOTAL ENDING 25 JUNE 1948

TOTAL WHITE AND NEGRO PERSONNEL
(CHARGEABLE CASES)

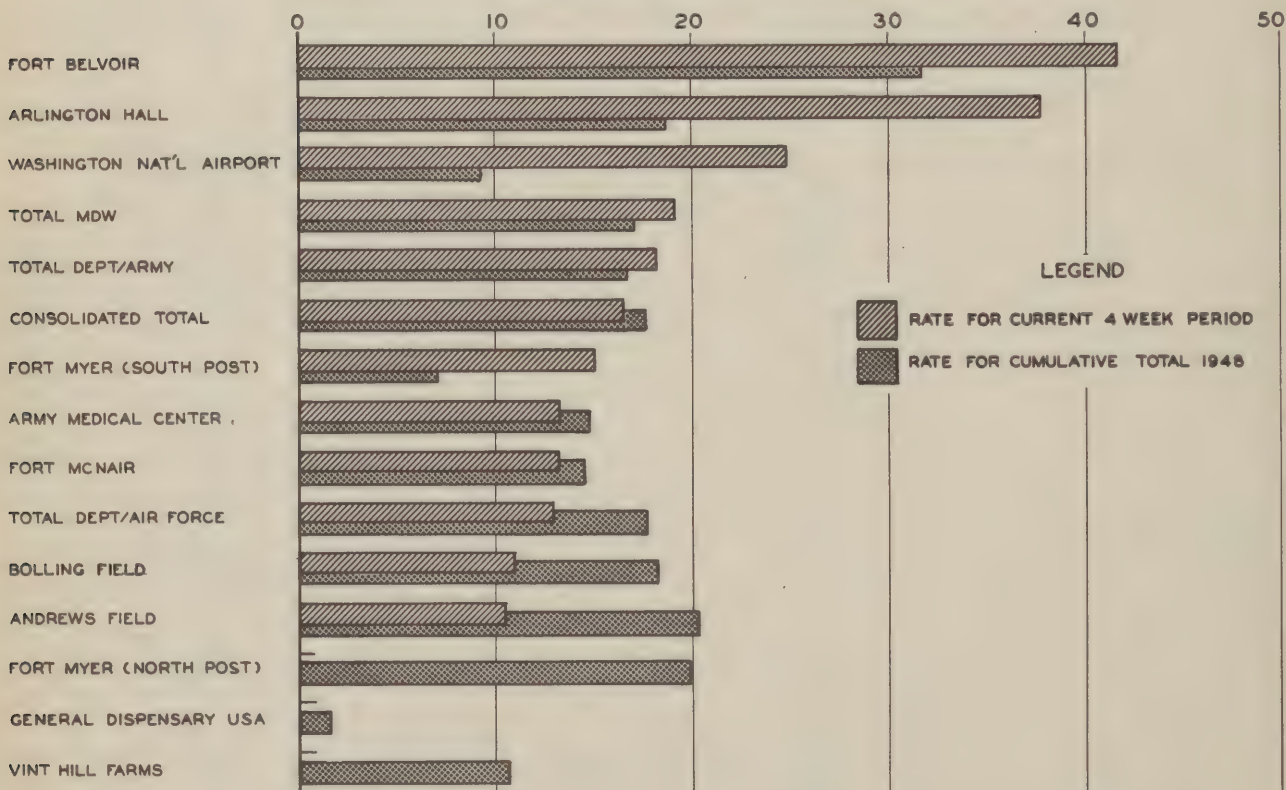


CHART 4

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR-4 WEEK PERIOD
ENDING 25 JUNE 1948
WHITE PERSONNEL (CHARGEABLE CASES)

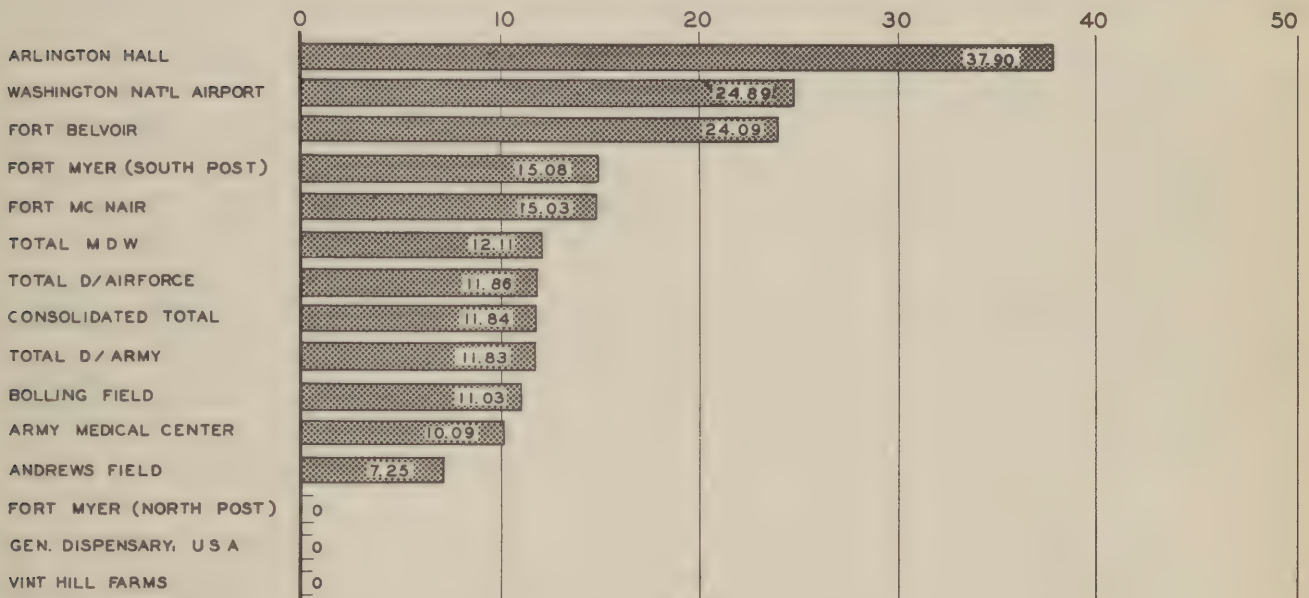


CHART 5

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR-4 WEEK PERIOD
ENDING 25 JUNE 1948
NEGRO PERSONNEL (CHARGEABLE CASES)



PREVENTIVE MEDICINE

DISHWASHING AND STERILIZATION

Certain methods for handling and standards of bacteriological cleanliness for eating utensils and kitchen equipment are established by Army Regulations and by civilian practice as outlined in Public Health Bulletin 280, Ordinance and Code Regulating Eating and Drinking Establishments (Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., 20 cents).

According to various investigators, eating or drinking utensils may be responsible for the transmission of influenza, tuberculosis, diphtheria, pneumonia, scarlet fever, whooping cough and Vincent's infection, as well as for the gastrointestinal diseases. Causative organisms may be coughed or sneezed on food, dishes and utensils; they may be left on cups, glasses, forks or spoons by mouthing; the dishwater may be contaminated by mess attendants; or improper storage may result in soiling after cleansing. Food cannot be kept safe if allowed to come in contact with containers, utensils or articles of equipment which have not been properly cleaned and given bactericidal treatment.

Cleansing may be accomplished by the use of warm water (120 to 140° F) containing an adequate amount of an effective soap or detergent to remove grease and solids. The soapy wash water should be changed at sufficiently frequent intervals to keep it reasonably clean. Careful scraping or prerinsing of dishes to remove the gross food particles before washing will make it possible to keep the wash water clean for a longer time between changes and to maintain a sufficient concentration of the detergent. In machine washing, dishes should be stacked in the racks or trays so as to avoid overcrowding and so as to permit the wash and rinse waters to reach all surfaces of each article.

After cleansing, it is necessary to subject all utensils to one or more of the following or other equivalent approved bactericidal processes:

Immersion in clean, hot water at a temperature of at least 180° F. for 30 seconds or in boiling water for 15 seconds. Unless actually boiling water is used, an approved thermometer should be conveniently available to the vat. The pouring of scalding water over washed utensils is not considered satisfactory compliance. It is recommended that, wherever practicable, bactericidal treatment be obtained through the use of hot water in the manner above described. For this method of bactericidal treatment two adjacent deep sinks should be provided and fitted with a porcelain, metal, or other impervious drainboard. Metals like zinc which mark the chinaware should be avoided for surfacing of drainboards or table tops on which dishes are stored. If difficulty is experienced in obtaining clean-looking glasses, it is recommended that greater manual effort be applied in washing or that a more efficient detergent be tried, or that the rinse water be changed more frequently, or that a three compartment vat be used. After washing in the first sink, articles should be placed in a metal basket and immersed in hot water in the second sink for the required period of time. Baskets may be lined with wooden strips to prevent marking of the chinaware. Upon removal from the hot water, utensils should remain in the baskets until dry and then be stored in such manner as not to become contaminated before again being used. Where hot water is used for bactericidal treatment, it is desirable that hot water be provided by a thermostatically controlled heater capable of maintaining a water temperature of at least 180° F. in the vat at all times. The heating device may be an integral part of the immersion vat. Provisions should be made for compensating for heat loss to utensils, especially when large numbers are submerged at any time. Care must be taken in the bactericidal treatment of containers by immersion in hot water to prevent the trapping of air in the container. This may be accomplished by placing all glasses, cups, plates and saucers in a venting position so that air will not be trapped.

In an emergency, when it is impossible to supply hot water, sterilization may be accomplished by immersion for at least two minutes in a lukewarm chlorine bath, containing at least 50ppm of available chlorine if hypochlorites are used, or a concentration of equal bactericidal strength if chloramines are used. The bath should be made up at strength of 100ppm or more hypochlorites and not be used after its strength has been reduced to 50ppm. Bacterial treatment with chlorine is ineffective if the utensils have not been thoroughly cleaned.

PROFESSIONAL SERVICES

THE GENERAL PRACTICE OF MEDICINE

The decreasing emphasis on general practice together with the increasing importance of the role of the specialist in contemporary medicine, has brought to light many pitfalls in the path of the young doctor that have retarded his acceptance as a doctor of medicine by the layman and have relegated him to the unsatisfactory role as the "screener" or "sorter" of patients for ultimate transfer to the hands of the specialist.

This unfortunate situation has led to the dependence on clinics operated in general hospitals for diagnosis of cases that could well have been handled in the station hospital if the importance of the role of the doctor had been emphasized.

The diffident approach to the patient's case wherein the doctor of medicine apologizes to the patient, explaining that he is not a dermatologist but this application of "Unnas" paste will "probably" help the skin outbreak, quite naturally raises a doubt in the mind of the patient that the diagnosis and treatment are a shot in the dark, and with shaken confidence in the mere doctor of medicine he turns to the long line of the outpatient clinic at the nearest general hospital where he can be assured that a "specialist" will give him nothing but the best. However, that is sometimes not as good as the original treatment, since the volume of cases necessarily reduces the time that the doctor in charge of the clinic can devote to the case; other factors also may reduce the level of efficiency.

It is easily understood that, perhaps, the doctor himself is contributing materially to this state of affairs by this feeble approach to the art of medicine.

In military medicine it has been repeatedly demonstrated that a large percentage of patients had no physical basis for their symptoms. Contemporary papers on the subject indicate that at least one-half of all patients have their symptoms as a result of emotional difficulties or that there is a sufficient overlay of emotional symptoms in addition to and as a part of the physical disease to warrant an understanding of the whole patient in addition to the disease of the part.

It is essential that every physician utilize these principles in the treatment of all his patients. He must consider the patient who is ill as having certain physical and emotional reactions to that illness, not just as a disease entity with no consideration of his way of thinking or feeling.

Clear understanding of the meaning of symptoms and early proper treatment may prevent the development of serious manifestations. The treatment begins with the initial interview and includes a certain reassurance that the physician will do all in his power to rid the patient of the symptoms complex which he suffers.

No matter what the disease process, the person must have some sort of emotional reaction to his disorder if he is able to think or feel at all. Some approach illness in an apparent matter-of-fact manner and others are extremely anxious, tense, and disturbed over the possible seriousness of their condition. Every patient will respond more promptly to treatment of any disease if the physician understands and adequately handles the emotional as well as the physical aspects of the illness.

A large percentage of patients who are sick have no physical cause for their illness and yet the complaints and, not infrequently, the manifestations are of an organic nature. The physician who is satisfactorily practicing his calling must be aware of these possibilities and accept the challenge of carrying out a total treatment program.

There is real danger that ill-conceived and unwisely administered physical, medical, or surgical treatment will lead to an intensification of the patient's symptoms. The physician should show interest in and obtain information about the patient other than that related to the immediate complaint. Too much emphasis cannot be placed on the establishment of a satisfactory personal relationship between the physician and the patient. This should be neither too friendly nor too reserved but a happy compromise which will gain for the physician the proper degree of respect from the patient.

To tell a patient that he has a "nervous stomach" or "nervous exhaustion" is extremely

PROFESSIONAL SERVICES

harmful. It gives the patient a handle to which he may attach his symptoms and tends to make him persist in retaining such symptoms.

Sir William Osler said: "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."

Although it is not a legal responsibility under the present system, it is a moral and ethical responsibility, as well as a cardinal principle of the art of medicine, that a patient once seen by a medical officer should be followed, if at all possible, throughout his illness by the original physician. The realization that a doctor of medicine is a man of learning and respect in the community is at once felt when a person comes to him for aid and places himself or herself under his care. This trust in him and his ability is just as inviolable an agreement, although not written, as a legal document. The failure to follow through the case until he is again in good health, or safely in the hands of another physician more capable is, perhaps, an indication of the lack of interest in his case and results in a definite weakening in the high regard in which he was once held. The unskillful management of a case also may have the same effect.

This principle of the doctor-patient relationship can be said to be one of the prime fundamentals of medicine and should be fully considered by the station surgeon.

The overemphasis on specialism at this time is fraught with implications and is the cause of great concern. We must attempt to strike a harmonious balance of specialists and non-specialists. A surfeit of specialists leads to unintelligent general medicine. The pain in the belly or any common symptom tends to present itself, not as a problem for diagnosis, but simply one referred to the specialist for an opinion. For example, the Army malingerer is often referred to the specialist as a safety cover when the old-fashioned medical officer, the keen observer, the student of human nature would have prescribed an entirely different remedy and early return to duty. The economic factor involved herein from hours lost in the trek from specialist to specialist is readily apparent. A multitude of specialists often means that a patient has many doctors, but none he can really call his own, not one to whom humanity is as important as the expert opinion.

a. The Avoidance of Responsibility. By whatever agency it is brought about, a great and lasting disservice is done to the individual who is freed from the practice of his sense of responsibility. This is particularly applicable to the young medical officer who feels that the responsibility for the relief and healing of the patient is not his responsibility but that of the station surgeon, and even farther along, that of the general hospital. This would certainly not be true if he were confronted with the same situation in the private practice of medicine.

The adoption of a laissez-faire attitude to one's responsibility to the patient and to himself is a pitfall that wrecks self-reliance and certainly is not adequate preparation for tasks of greater magnitude. That type of personality is usually a follower, one of the multitude who will wait for the guidance of someone of strength and, in following, if he must, will put as little into the effort as he can.

In any profession, one who has not the sense of responsibility and the willingness to accept it, in emergencies, will get nowhere. Frequently in the military service occasions arise wherein no authority can be obtained and wherein there is no precedent to be followed. Many a promising career has ceased to be of promise because of fear of making a decision when decision was urgent and action necessary. On the other hand, such an occasion has many times spelled opportunity for an obscure individual whose quick decision has thus brought him into prominence. The situation is not without its dangers, but in the military service higher authority will regard anything but an egregiously faulty decision as better than no decision at all.

In practice, few such men reach positions where they may do great harm by indecision. Their limitations are recognized early, and they gravitate to positions where others will tell them what they are to do and how to do it. There are many handicaps placed upon the individual in this complex world but few are more potent than one's lack of the feeling that he is the master of his own soul.

The aggressive approach to a problem may be fraught with an element of chance; a certain percentage of error is an inherent component of any positive decision, but, the decision to do

nothing, to wait and see, to muddle through, to send the patient to the next echelon without proper work up, to neglect to utilize the powers of observation and physical diagnosis and to rely too much on voluminous laboratory procedures instead of on reasoning and weighing of symptoms are classical examples of avoiding our responsibilities as doctors of medicine.

(Extracted from Hq AAF Memo 12, dtd 15 Sept 47 prepared in the Office of the Air Surgeon)

HOSPITALIZATION, MEDICAL AND DENTAL TREATMENT

The following general statement of the rights of retired personnel to hospitalization, medical and dental treatment is published for the guidance of all concerned:

1. Hospitalization -- Retired regular Army Personnel (including Philippine Scouts) of all classifications on inactive status may be admitted to Army Hospitals if, in the judgment of the commanding officer, the applicant will be benefited by hospitalization for a reasonable time. Those requiring merely domiciliary care by reason of age or chronic invalidism will not be admitted. Beneficiaries of the Veterans Administration may be admitted in limited numbers in certain designated Army hospitals upon request of the proper representatives of the Veterans Administration. These in general would include retired officers of the reserve components and officers on the Emergency Officers Retired List.

Retired personnel of the regular Navy or Marine Corps may be admitted to Army Hospitals on authorization of the proper representatives of the Navy Department, or on their own request if their admission be deemed necessary by the commanding officer of the hospital concerned and if beds are available. (Army Regulations 40-590)

2. Medical Attendance -- Persons who are on the retired list of the regular Army and who report in person at any Army dispensary, or hospital, provided sufficient accommodations are available, will be given treatment. Medical Officers and contract surgeons will not be required to leave their stations to attend those on the retired list. (Army Regulations 40-505)

3. Dental Attendance -- The same provisions are applicable for dental attendance as apply to medical attendance. (Army Regulations 40-510)

4. Family of Retired Personnel -- Medical care is not authorized for the families of retired personnel. Par 2c(3), AR 40-505 authorizes medical care whenever practicable for the "wife, dependent children, and servants of Officers, Army Nurses, Women's Army Corps, * *". This does not include retired personnel who are covered separately in Par 2b(2), AR 40-505.

CONSULTATION SERVICES

In order to effect efficient use of available consultant services within this area, attention is directed to Letter, Headquarters, Military District of Washington, file ANWMC 702, SUBJECT: Consultation Service, dated 1 June, 1948 and subsequent monthly changes thereto.

* * * * *

MEDICAL DEPARTMENT ANNIVERSARY

The Medical Department will celebrate its 173d Anniversary on the 27th of July. It was initiated on 27 July 1775 almost a year before the Declaration of Independence was signed. Although there have been many changes in structure and organization of the Department, its primary mission, the health of military commands, has remained unchanged. Its role has become increasingly important in the development of the military forces of the United States.

VETERINARY DIVISION

RABIES VACCINE

Current regulations outline the procedure of administering the type of vaccine to be used in the vaccination of pets on Army Posts, as well as the method of procuring the vaccine.

In change 3, AR 40-2090, only HABEL mouse tested rabies vaccine is authorized. This test for potency was perfected by Habel of the United States Public Health Service and is required for approval of manufacturers of rabies vaccine by both the National Institute of Health and the United States Department of Agriculture. With the development of this test, preventive vaccination of pets is now practicable.

A high level of effectiveness in the control of rabies cannot be obtained by immunization alone. It must be implemented by other control measures. Provisions are made in AR 40-2090 for reporting the disease, for quarantine, and for elimination of infected animals and those for which no protection can be devised. No animal, however, will be destroyed in the early stages of the disease or by shooting through the head, as this procedure interferes with laboratory tests.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED JUNE 1948 (Data obtained from WD AGO Form 8-134)

STATION	*CLASS 3	CLASS 4	CLASS 5	CLASS 6	CLASS 7	CLASS 8	CLASS 9	TOTAL
Fort Lesley J. McNair	-	67,421	78,930	-	146,351	10,851	-	303,553
Fort Belvoir, Virginia	-	179,070	241,839	-	418,648	40,962	-	880,519
Potomac Yard Distribution Point	-	325,114	102,052	435,943	-	-	-	863,109
Fort Myer, Virginia	-	142,294	129,625	-	196,582	10,516	-	479,017
MDW Vet. Det., Fort Myer, Va.	260,781	-	-	-	-	-	-	260,781
US Navy	463,457	-	-	-	-	-	-	463,457
US Marines	1,146	-	-	-	-	-	-	1,146
The Pentagon	-	-	-	-	-	286,502	-	286,502
TOTAL	725,384	713,899	552,446	435,943	761,581	348,831	-	3,538,084
Army Medical Center	-	205,627	48,232	-	252,590	4,375	-	510,824
Washington Quartermaster	-	69,234	56,017	-	153,753	6,152	-	285,156
Andrews Field	-	83,043	89,434	-	164,794	22,269	-	359,540
Bolling Field	-	115,863	133,731	-	224,531	31,834	2,364	508,323
TOTAL	-	473,767	327,414	-	795,668	64,630	2,364	1,663,843
GRAND TOTAL	725,384	1,187,666	879,860	435,943	1,557,249	413,461	2,364	5,201,927
REJECTIONS:								
Mil Dist of Wash Not Type, Class, or Grade	84,964							84,964
Fort Belvoir, Virginia Insanitary or Unsound						128		128
Army Medical Center Insanitary or Unsound						29		29
Bolling Field Insanitary or Unsound						107		107
Andrews Field Insanitary or Unsound					45			45
Total Rejections	84,964				45	264		85,273

* Class 3 - Prior to Purchase
Class 4 - On delivery at Purchase
Class 5 - Any Receipt Except Purchase
Class 6 - Prior to Shipment
Class 7 - At Issue or Sale
Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants
Class 9 - Storage

MISCELLANEOUS

OUTPATIENT

Consolidated statistical data on the outpatient services, Military District of Washington, less Walter Reed General Hospital, and Class III Installations for the four week period ending 25 June 1948, are indicated below:

ARMY:

Number of Out-Patients..... 7227
 Number of Treatments..... 9129

NON ARMY:

Number of Out-Patients..... 3995
 Number of Treatments.....15786

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 1889

NUMBER OF VACCINATIONS AND IMMUNICATIONS ADMINISTERED.. 7663

DENTAL SERVICE - MONTH OF JUNE 1948

Station	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Ray	Examina- tions
											Full	Par- tial	Re- pair				
Arlington Hall	1	30	331	142	46	46	2	-	-	-	-	9	2	19	14	33	152
Fort Belvoir	10	262	1586	415	323	149	1	10	5	3	25	22	11	386	164	121	888
Ft McNair.	2	60	544	220	104	79	5	1	1	6	6	18	3	35	77	21	350
Fort Myer (North Post) .	5	130	584	138	36	37	5	4	2	4	2	13	4	84	31	670	226
Fort Myer (South Post) .	2	45	360	137	77	6	-	1	3	1	5	8	1	35	5	58	142
General Dispensary, USA	6	179	2304	292	109	157	2	8	6	3	11	48	20	178	208	842	888
Vint Hill Farms.	2	45	287	119	2	36	-	1	1	-	3	13	5	64	10	30	67
Total Mil Dist of Wash	28	751	5996	1463	697	510	15	25	18	17	52	131	46	801	509	1775	2713

HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

Station	Mar 48	Apr 48	May 48	Jun 48
FORT BELVOIR				
Income per Ration	\$1.100	\$1.110	\$1.120	\$1.170
Expense per Ration	1.200	1.200	1.130	1.110
Gain or Loss	- 0.100	- 0.090	- 0.010	0.060
FORT MYER (NORTH POST)				
Income per Ration	1.192	1.096	1.096	1.168
Expense per Ration	1.224	1.053	1.053	1.119
Gain or Loss	- 0.032	0.043	0.043	0.049

ADMINISTRATIVE DIVISION

Following is a list of Department of the Army Publications for the month of June, 1948, which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

Cir No.	Subject	Date
164	Armed Forces Information School	10 June 1948
175	Report of Treatment Furnished Pay Patients	10 June 1948
176	Hospitalization of Personnel of Other Federal Agencies	10 June 1948
177	Change in T/A 8-100	11 June 1948
179	Change of Address of San Francisco Medical Depot	14 June 1948
180	Program of Language and Language and Area Training	14 June 1948
182	Rates Applicable to Pay Patients	18 June 1948
184	Ration Savings Funds	18 June 1948
189	Military Resident Training, Medical Officers	24 June 1948

DEPARTMENT OF THE ARMY MEMORANDA

Memo No.	Subject	Date
40-590-5	Admission of Veterans Administration Beneficiaries	10 June 1948
40-590-15	Report of Treatment of Pay Patients	10 June 1948
40-590-16	Admission and Treatment of USECC Beneficiaries	10 June 1948
40-590-17	Medical Care for Foreign Nationals	10 June 1948
40-590-18	Admission and Treatment of National Guard	14 June 1948
40-590-19	Admission and Treatment of Reserve Officers Training Corps	21 June 1948
850-15-11	Automobile License Plates in Virginia	1 June 1948

Civilian Personnel Memorandum No. 9, Headquarters Military District of Washington, Washington 25, DC, 30 June 1948 is quoted for the information of all concerned:

"1. It has come to the attention of this headquarters that many civilians are abusing sick leave privileges. Paragraph 6-3, Civilian Personnel Regulation L-1, dated 21 June 1948, "Leave" states in part as follows:

GRANTING OR ADVANCING SICK LEAVE

a. Basis for Granting or Advancing

(3) The policy of the Department of the Army is to grant sick leave in all bona fide cases. Sick leave is a qualified right of the employee, in that he is entitled to use it only when actually warranted. It is within the discretion of commanding officers to ascertain whether the absence justifies approval of the request for sick leave, and employees may be required to appear before a medical officer for physical examination

ADMINISTRATIVE DIVISION

to determine whether such leave is necessary, if civilian medical facilities are available at the installation. An employee who is frequently absent for short periods because of illness should be advised to visit a physician for a physical checkup and to report back with a statement from the physician relative to the employee's physical condition and, when there is reason to believe that sick leave is being abused, a medical certificate may be required to support applications for short periods of sick leave of three working days or less. For sick leave absences of more than three working days a medical certificate will be required. Unjustified absences may be charged to annual leave or leave without pay, or disciplinary action may be taken.

2. It is the policy of this headquarters that in every instance wherein it is the opinion of the immediate supervisor that sick leave is being abused, a medical certificate will be required to support applications for sick leave of three working days or less."

MEDICAL DEPARTMENT ENLISTED TECHNICIAN COURSES

Letter from the Office of the Adjutant General, Department of the Army, file: AGAM-PM 352.11 (6 July 48), dated 12 July 1948, SUBJECT: Courses of Instruction for Enlisted Medical Department Personnel, lists courses scheduled for the months of August and September 1948.

Requests for quotas will be submitted in accordance with 1st Indorsement, this headquarters, thereto.

ECONOMY OF USE OF NONSTANDARD DRUGS AND SUPPLIES

1. The following paragraph is quoted from SGO Circular No. 42, dated 7 April, 1947:

"1. It has come to the attention of the Surgeon General that a very wide variety of nonstandard drugs and biologicals are being purchased locally by hospitals. While it is desired that all patients receive whatever medication is indicated for their treatment, it is believed that because of the number of pharmaceutical and biological products now on the market some procedure is necessary to insure that only properly tested and proven products be procured and only when a satisfactory product is not available from the standard list. It is believed that the application of sound principles of theoretical pharmacy in all hospital pharmacies will eliminate the necessity for use of nonstandard preparations in a majority of instances."

2. Each station hospital commander will appoint a board of three officers, two of which will be the chief of the medical service and chief of surgical service, respectively, and a third member who should be a Medical Service Corps officer and a graduate pharmacist. If such an officer is not available the third member of the board may be the Medical Supply Officer or the Pharmacy Officer, whichever, from training and experience is best qualified to pass judgement. If personnel limitation precludes the formation of a board, the surgeon will assume the functions of the board.

3. It will be the responsibility of this board to review each request for a nonstandard drug or biological and furnish the Station Surgeon a recommendation for approval or disapproval of the request, based on consideration of the availability and efficacy of a standard product and the therapeutic superiority of another product which might make justifiable the substitution of, or selection of a nonstandard item.

4. In each case of request for a nonstandard drug or biological the Station Surgeon will adjudicate between the best interest of the patients and the need for maximum economy and will ascertain, by his action on the request, that the spirit of this directive is carried out.

(Military District of Washington Supply Bulletin No.9, 3 June, 1948.)

